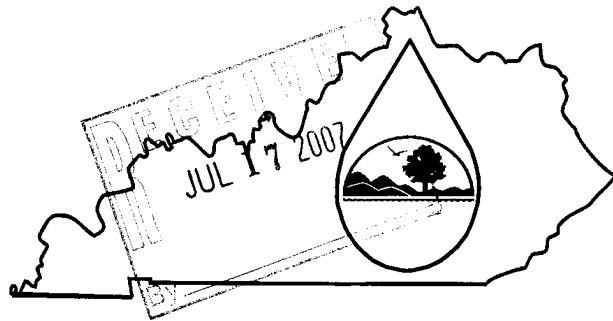


KPDES FORM 1

✓ AI 3013



KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION

This is an application to: (check one)

- ☐ Apply for a new permit.
☒ Apply for reissuance of expiring permit.
☐ Apply for a construction permit.
☐ Modify an existing permit.

Give reason for modification under Item II.A.

A complete application consists of this form and one of the following:

Form A, Form B, Form C, Form F, or Short Form C

For additional information contact:

KPDES Branch (502) 564-3410

I. FACILITY LOCATION AND CONTACT INFORMATION		AGENCY USE	0	0	9	1	7	8	2
A. Name of business, municipality, company, etc. requesting permit Mason County Fiscal Court									
B. Facility Name and Location					C. Facility Owner/Mailing Address				
Facility Location Name: Maysville-Mason County Landfill					Owner Name: Mason County Fiscal Court				
Facility Location Address (i.e. street, road, etc.): 7055 Clarkson-Sherman Road					Mailing Street: 219 Stanley Reed Court				
Facility Location City, State, Zip Code: Maysville, Kentucky 41056					Mailing City, State, Zip Code: Maysville, Kentucky 41056				
					Telephone Number: 606 564-6706				

II. FACILITY DESCRIPTION

A. Provide a brief description of activities, products, etc: Solid waste landfill

B. Standard Industrial Classification (SIC) Code and Description

Principal SIC Code & Description:	4953 refuse systems		
Other SIC Codes:			

III. FACILITY LOCATION

A. Attach a U.S. Geological Survey 7 1/2 minute quadrangle map for the site. (See instructions)

B. County where facility is located: Mason	City where facility is located (if applicable): Maysville
C. Body of water receiving discharge: Middle Run, a tributary to the North Fork of the Licking River	
D. Facility Site Latitude (degrees, minutes, seconds): 38 34' 55"	Facility Site Longitude (degrees, minutes, seconds): 83 43' 11"
E. Method used to obtain latitude & longitude (see instructions): 7.5 minute USGS topographic map	
F. Facility Dun and Bradstreet Number (DUNS #) (if applicable): N/A	

IV. OWNER/OPERATOR INFORMATION**A. Type of Ownership:**

☐ Publicly Owned ☐ Privately Owned ☐ State Owned ☐ Both Public and Private Owned ☐ Federally owned

B. Operator Contact Information (See instructions)

Name of Treatment Plant Operator:

Terry Smith

Telephone Number:

606 759-7409

Operator Mailing Address (Street):

7055 Sherman Clarkson Road

Operator Mailing Address (City, State, Zip Code):

Maysville, Kentucky 41056

Is the operator also the owner?

Yes ☐No ☒

Is the operator certified? If yes, list certification class and number below.

Yes ☒No ☐

Certification Class:

Landfill Manager

Certification Number:

15724

V. EXISTING ENVIRONMENTAL PERMITS

Current NPDES Number:

KY0091782

Issue Date of Current Permit:

October 21, 2002

Expiration Date of Current Permit:

November 30, 2007

Number of Times Permit Reissued:

4

Date of Original Permit Issuance:

June 1, 1989

Sludge Disposal Permit Number:

Kentucky DOW Operational Permit #:

Kentucky DSMRE Permit Number(s):

C. Which of the following additional environmental permit/registration categories will also apply to this facility?

CATEGORY	EXISTING PERMIT WITH NO.	PERMIT NEEDED WITH PLANNED APPLICATION DATE
Air Emission Source	V-07-001	
Solid or Special Waste	081-00006	
Hazardous Waste - Registration or Permit	N/A	N/A

VI. DISCHARGE MONITORING REPORTS (DMRs)

KPDES permit holders are required to submit DMRs to the Division of Water on a regular schedule (as defined by the KPDES permit). The information in this section serves to specifically identify the department, office or individual you designate as responsible for submitting DMR forms to the Division of Water.

A. Name of department, office or official submitting DMRs:	Terry Smith
B. Address where DMR forms are to be sent. (Complete only if address is different from mailing address in Section I.)	
DMR Mailing Name:	Maysville-Mason County Lanfill
DMR Mailing Street:	7055 Clarkson Sherman Road
DMR Mailing City, State, Zip Code:	Maysville, Kentucky 41056
DMR Official Telephone Number:	606 759-7049


VII. APPLICATION FILING FEE

KPDES regulations require that a permit applicant pay an application filing fee equal to twenty percent of the permit base fee. Please examine the base and filing fees listed below and in the Form 1 instructions and enclose a check payable to "Kentucky State Treasurer" for the appropriate amount. Descriptions of the base fee amounts are given in the "General Instructions."

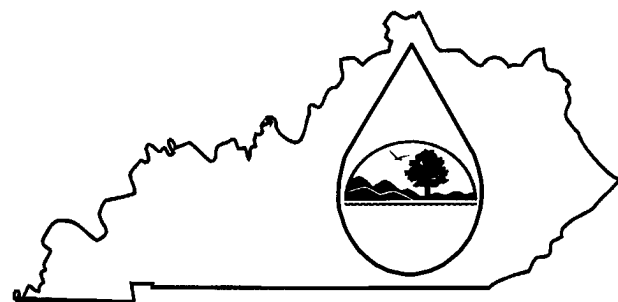
Facility Fee Category:	Filing Fee Enclosed:
Public Owned Treatment Works (No Fee Due) PUBN	N/A

VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):	TELEPHONE NUMBER (area code and number):
James L. Gallenstein, County Judge/Executive	606 564-6706
SIGNATURE 	DATE: 6/29/07

KPDES FORM C



KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION

A complete application consists of this form and Form 1.
For additional information, contact KPDES Branch, (502) 564-3410.

Name of Facility: Maysville-Mason County Landfill				County: Mason			
I. OUTFALL LOCATION				AGENCY USE			

For each outfall list the latitude and longitude of its location to the nearest 15 seconds and the name of the receiving water.

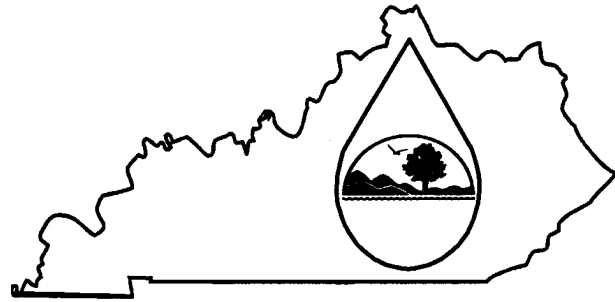
Outfall No. (list)	LATITUDE			LONGITUDE			RECEIVING WATER (name)
	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds	
1A	38	35	10	83	43	10	Middle Run
2	38	35	16	83	43	15	Middle Run
3	38	35	28	83	43	18	Middle Run
4	38	34	46	83	43	14	Middle Run

II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES

- A. Attach a line drawing showing the water flow through the facility. Indicate sources of intake water, operations contributing wastewater to the effluent, and treatment units labeled to correspond to the more detailed descriptions in Item B. Construct a water balance on the line drawing by showing average flows between intakes, operations, treatment units, and outfall. If a water balance cannot be determined (e.g., for certain mining activities), provide a pictorial description of the nature and amount of any sources of water and any collection or treatment measures.
- B. For each outfall, provide a description of: (1) all operations contributing wastewater to the effluent, including process wastewater, sanitary wastewater, cooling water, and storm water runoff; (2) the average flow contributed by each operation; and (3) the treatment received by the wastewater. Continue on additional sheets if necessary.

OUTFALL NO. (list)	OPERATION(S) CONTRIBUTING FLOW		TREATMENT	
	Operation (list)	Avg/Design Flow (include units)	Description	List Codes from Table C-1
1A	Stormwater runoff	Rain dependent	Sediment detention pond	1-F,1-U,4-A,5-P
2	Stormwater runoff	Rain dependent	Sediment detention pond	1-F,1-U,4-A,5-P
3	Stormwater runoff	Rain dependent	Sediment detention pond	1-F,1-U,4-A,5-P
4	Stormwater runoff	Rain dependent	Sediment detention pond	1-F,1-U,4-A,5-P
5	Stormwater runoff	Rain dependent	Sediment detention pond	1-F,1-U,4-A,5-P
6	Stormwater runoff	Rain dependent	Sediment detention pond	1-F,1-U,4-A
7	Stormwater runoff	Rain dependent	Sediment detention pond	1-F,1-U,4-A
8	Stormwater runoff	Rain dependent	Sediment detention pond	1-F,1-U,4-A
9	Leachate storage and treatment	2065	Stabilization and sedimentation	1-U,3-G

KPDES FORM C



KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION

A complete application consists of this form and Form 1.
For additional information, contact KPDES Branch, (502) 564-3410.

Name of Facility: Maysville-Mason County Landfill				County: Mason			
I. OUTFALL LOCATION				AGENCY			
				USE			

For each outfall list the latitude and longitude of its location to the nearest 15 seconds and the name of the receiving water.

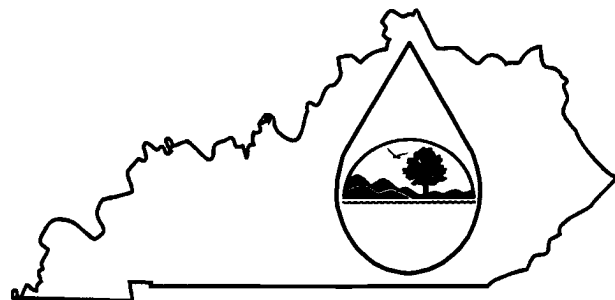
Outfall No. (list)	LATITUDE			LONGITUDE			RECEIVING WATER (name)
	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds	
5 (proposed)	38	34	38	83	43	10	Middle Run
6 (proposed)	38	35	4	83	43	04	Middle Run
7 (proposed)	38	35	05	83	42	59	Middle Run
8 (proposed)	38	35	13	83	42	59	Middle Run

II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES

- A. Attach a line drawing showing the water flow through the facility. Indicate sources of intake water, operations contributing wastewater to the effluent, and treatment units labeled to correspond to the more detailed descriptions in Item B. Construct a water balance on the line drawing by showing average flows between intakes, operations, treatment units, and outfall. If a water balance cannot be determined (e.g., for certain mining activities), provide a pictorial description of the nature and amount of any sources of water and any collection or treatment measures.
- B. For each outfall, provide a description of: (1) all operations contributing wastewater to the effluent, including process wastewater, sanitary wastewater, cooling water, and storm water runoff; (2) the average flow contributed by each operation; and (3) the treatment received by the wastewater. Continue on additional sheets if necessary.

OUTFALL NO. (list)	OPERATION(S) CONTRIBUTING FLOW		TREATMENT	
	Operation (list)	Avg/Design Flow (include units)	Description	List Codes from Table C-1
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4	Stormwater runoff	Rain dependent	Sediment detention pond	1-F,1-U,4-A,5-P
5	Stormwater runoff	Rain dependent	Sediment detention pond	1-F,1-U,4-A,5-P
6	Stormwater runoff	Rain dependent	Sediment detention pond	1-F,1-U,4-A
7	Stormwater runoff	Rain dependent	Sediment detention pond	1-F,1-U,4-A
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KPDES FORM C



KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION

A complete application consists of this form and Form 1.
For additional information, contact KPDES Branch, (502) 564-3410.

Name of Facility: Maysville-Mason County Landfill				County: Mason			
I. OUTFALL LOCATION				AGENCY USE			

For each outfall list the latitude and longitude of its location to the nearest 15 seconds and the name of the receiving water.

Outfall No. (list)	LATITUDE			LONGITUDE			RECEIVING WATER (name)
	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds	
9	38	34	59	83	42	29	Orangeburg Watershed

II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES

- A. Attach a line drawing showing the water flow through the facility. Indicate sources of intake water, operations contributing wastewater to the effluent, and treatment units labeled to correspond to the more detailed descriptions in Item B. Construct a water balance on the line drawing by showing average flows between intakes, operations, treatment units, and outfall. If a water balance cannot be determined (e.g., for certain mining activities), provide a pictorial description of the nature and amount of any sources of water and any collection or treatment measures.
- B. For each outfall, provide a description of: (1) all operations contributing wastewater to the effluent, including process wastewater, sanitary wastewater, cooling water, and storm water runoff; (2) the average flow contributed by each operation; and (3) the treatment received by the wastewater. Continue on additional sheets if necessary.

OUTFALL NO. (list)	OPERATION(S) CONTRIBUTING FLOW		TREATMENT	
	Operation (list)	Avg/Design Flow (include units)	Description	List Codes from Table C-1
1A	Stormwater runoff	Rain dependent	Sediment detention pond	1-F,1-U,4-A,5-P
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8	Stormwater runoff	Rain dependent	Sediment detention pond	1-F,1-U,4-A
9	Leachage storage and treatment	2065	Stabilization and sedimentation	1-U,3-G

	facility	gal/acre/day estimated		
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II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES (Continued)

C. Except for storm water runoff, leaks, or spills, are any of the discharges described in Items II-A or B intermittent or seasonal?

☐ Yes (Complete the following table.) ☒ No (Go to Section III.)

OUTFALL NUMBER	OPERATIONS CONTRIBUTING FLOW	FREQUENCY		FLOW				
		Days Per Week	Months Per Year	Flow Rate (in mgd)		Total volume (specify with units)		Duration (in days)
				Long-Term Average	Maximum Daily	Long-Term Average	Maximum Daily	
(list)	(list)	(specify average)	(specify average)					

III. MAXIMUM PRODUCTION

A. Does an effluent guideline limitation promulgated by EPA under Section 304 of the Clean Water Act apply to your facility?

☐ Yes (Complete Item III-B) List effluent guideline category:

☒ No (Go to Section IV)

B. Are the limitations in the applicable effluent guideline expressed in terms of production (or other measures of operation)?

☐ Yes (Complete Item III-C) ☐ No (Go to Section IV)

C. If you answered "Yes" to Item III-B, list the quantity which represents the actual measurement of your maximum level of production, expressed in the terms and units used in the applicable effluent guideline, and indicate the affected outfalls.

MAXIMUM QUANTITY			Affected Outfalls (list outfall numbers)
Quantity Per Day	Units of Measure	Operation, Product, Material, Etc. (specify)	

IV. IMPROVEMENTS

A. Are you now required by any federal, state or local authority to meet any implementation schedule for the construction, upgrading, or operation of wastewater equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders and grant or loan conditions.

☐ Yes (Complete the following table) ☒ No (Go to Item IV-B)

IDENTIFICATION OF CONDITION AGREEMENT, ETC.	AFFECTED OUTFALLS		BRIEF DESCRIPTION OF PROJECT	FINAL COMPLIANCE DATE	
	No.	Source of Discharge		Required	Projected

- B. OPTIONAL:** You may attach additional sheets describing any additional water pollution control programs (or other environmental projects which may affect your discharges) you now have under way or which you plan. Indicate whether each program is now under way or planned, and indicate your actual or planned schedules for construction.

V. INTAKE AND EFFLUENT CHARACTERISTICS

A, B, & C: See instructions before proceeding – Complete one set of tables for each outfall – Annotate the outfall number in the space provided.

NOTE: Tables V-A, V-B, and V-C are included on separate sheets numbered 5-18.

D. Use the space below to list any of the pollutants (refer to SARA Title III, Section 313) listed in Table C-3 of the instructions, which you know or have reason to believe is discharged or may be discharged from any outfall. For every pollutant you list, briefly describe the reasons you believe it to be present and report any analytical data in your possession.

POLLUTANT	SOURCE	POLLUTANT	SOURCE

VI. POTENTIAL DISCHARGES NOT COVERED BY ANALYSIS

A. Is any pollutant listed in Item V-C a substance or a component of a substance which you use or produce, or expect to use or produce over the next 5 years as an immediate or final product or byproduct?

☐

Yes (List all such pollutants below)

☒

No (Go to Item VI-B)

--

B. Are your operations such that your raw materials, processes, or products can reasonably be expected to vary so that your discharge of pollutants may during the next 5 years exceed two times the maximum values reported in Item V?

☐

Yes (Complete Item VI-C)

☒

No (Go to Item VII)

C. If you answered "Yes" to Item VI-B, explain below and describe in detail to the best of your ability at this time the sources and expected levels of such pollutants which you anticipate will be discharged from each outfall over the next 5 years. Continue on additional sheets if you need more space.

--

VII. BIOLOGICAL TOXICITY TESTING DATA

Do you have any knowledge of or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

☐ Yes (Identify the test(s) and describe their purposes below)

☒ No (Go to Section VIII)

VIII. CONTRACT ANALYSIS INFORMATION

Were any of the analyses reported in Item V performed by a contract laboratory or consulting firm?

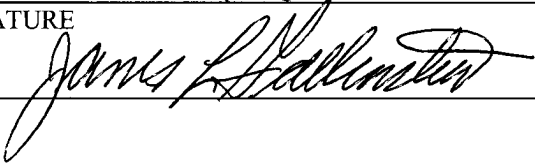
☐ Yes (list the name, address, and telephone number of, and pollutants analyzed by each such laboratory or firm below)

☒ No (Go to Section IX)

NAME	ADDRESS	TELEPHONE (Area code & number)	POLLUTANTS ANALYZED (list)

IX. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print): James L. Gallenstein, County Judge/Executive	TELEPHONE NUMBER (area code and number): 606 564-6706
SIGNATURE 	DATE 6/29/07

Maysville-Mason County Landfill

7055 Clarkson Sherman Road

Maysville, Kentucky 41056

606-759-7049

July 9, 2007

KPDES Branch
Division of Water
14 Reilly Road
Frankfort, Kentucky 40601

Subject: Reissuance of KPDES Permit # KY0091782 for Maysville-Mason
County Landfill

Dear Ms. Vickie Prather,

Attached is the application for reissuance of KPDES Permit # KY0091782 for the Maysville-Mason County Landfill. Due to the additional testing required with the application we would like to note that Form C will follow as soon as the test results are available.

If you have any questions regarding this application, please contact Mr. Ted Malone of our engineering firm MSE of Kentucky, Inc. at (859) 223-5694 or Mr. Terry R. Smith the facility manager at (606) 883-7049.

Your cooperation in this matter is greatly appreciated,

Thank you.

Sincerely,



Terry R. Smith
Solid Waste Manager

Copy: James L. Gallenstein, County Judge Executive



ERNIE FLETCHER
GOVERNOR

ENVIRONMENTAL AND PUBLIC PROTECTION CABINET

DEPARTMENT FOR ENVIRONMENTAL PROTECTION

DIVISION OF WATER

14 REILLY ROAD

FRANKFORT, KENTUCKY 40601-1190

www.kentucky.gov

TERESA J. HILL
SECRETARY

July 18, 2007

The Honorable James L. Gallenstein
Mason County Fiscal Court
219 Stanley Reed Court
Maysville, Kentucky 41056

Re: Complete KPDES Permit Application
KPDES No.: KY0091782
AI ID: 3013
Maysville-Mason County Landfill
Mason County, Kentucky

Dear Judge Gallenstein:

Your Kentucky Pollutant Discharge Elimination System (KPDES) permit application for the above-referenced facility was received by the Division of Water on July 17, 2007, and has been determined complete. As per 401 KAR 5:075, Section 1(7), the official effective date of your application has been determined as July 18, 2007, the date of this notice.

A technical review of your permit application will commence in the near future. Please be aware that you may be asked to provide additional information to clarify, modify, or supplement your application material. A request for this additional information will not render your application incomplete.

If you have any questions concerning this matter, please contact Larry Sowder at (502) 564-8158, extension 472.

Sincerely,

Nancy Green, Program Coordinator
Inventory and Data Management Section
KPDES Branch
Division of Water

NG:ng

c: Division of Water Files